

Case Number:	CM15-0212663		
Date Assigned:	11/02/2015	Date of Injury:	01/26/2014
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial-work injury on 1-26-14. She reported initial complaints of burning in neck associated with headaches. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, spinal stenosis, cervicalgia, paresthasias, pain in joint involving shoulder, and thoracic sprain-strain. Treatment to date has included medication, epidural injection x 2 (60% improvement with second injection), diagnostics, chiropractic sessions, neurosurgical consultation, and acupuncture. Currently, the injured worker complains of cervical pain with headaches that had improved and Ibuprofen was taken. Pain at worst is 9 out of 10 and best at 4 out of 10. There was deep left thumb and radial forearm pain. Drug screen was consistent with prescribed medication. Neurontin was effective for sleep and pain. Tylenol #3 is also used as needed ordered from primary physician. Current meds include Sertraline HCL, Levothyroxine, Ibuprofen 600 mg, Phenazopyridine HCL, Gabapentin 300 mg, Tylenol #3, and Albuterol inhaler. Per the primary physician's progress report (PR-2) on 8-27-15, Exam of the left shoulder found tenderness, pain with range of motion, weakness of the rotator cuff. There was left upper arm and forearm tenderness, left wrist tenderness, swelling, limited range of motion. Cervical exam found tenderness, trigger points. Thoracic exam found muscle tenderness with trigger points. Current plan of care includes prescription. The Request for Authorization requested service to include Neurontin 300mg #90. The Utilization Review on 10-22-15 denied the request for Neurontin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurontin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents on 08/27/15 with headaches, left wrist pain, and mid/upper arm pain. The patient's date of injury is 01/26/14. The request is for Neurontin 300mg #90. The RFA was not provided. Physical examination dated 08/27/15 reveals severe tenderness to palpation of the upper trapezial muscles, limited left shoulder range of motion in all planes, weakness of the left rotator cuff, tenderness to palpation of the left upper arm and wrist, and limited left wrist range of motion. The provider also notes spinous process tenderness in the cervical and thoracic spine with spasms noted, and limited cervical range of motion secondary to pain. The patient is currently prescribed Ibuprofen, Tylenol 3, and Gabapentin. Patient is currently advised to return to work with modified duties. MTUS Guidelines, Gabapentin section on pg 18, 19 has the following: Gabapentin -Neurontin, Gabarone, generic available has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In regard to the continuation Neurontin for this patient's neuropathic pain, the request is appropriate. Progress note 09/06/15 has the following regarding the efficacy of this patient's medication regimen: "... Pain does not radiate down the arms now... she now reports 50-60% improvement. Her ROM has improved. Headaches are less frequent." Utilization review non-certified this request on grounds that the EMG studies performed on the upper extremities were normal, that this patient had not been diagnosed with neuropathic pain, and therefore an AED such as Neurontin is unnecessary. However, given the conservative nature of this medication and the documentation of efficacy provided, continuation is substantiated. Therefore, the request is medically necessary.